

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORMS AI

**DOCUMENT # A00000001450**

1. Entity Name

**EMILY G. LIVELY FAMILY PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 11



Principal Place of Business <b>2132 GLENRIDGE DRIVE TALLAHASSEE FL 32308</b>	Mailing Address <b>2132 GLENRIDGE DRIVE TALLAHASSEE FL 32308</b>
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2. Principal Place of Business <b>233 RIO VISTA DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>233 RIO VISTA DRIVE</b> Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State <b>SOPCHOPPY, FL</b>	City & State <b>SOPCHOPPY, FL</b>
Zip <b>32358</b>	Country <b>WAKULLA</b>
Zip <b>32358</b>	Country <b>WAKULLA</b>

4. FEI Number <b>59-3672985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KEMP, EMILY C**  
**2132 GLENRIDGE DRIVE**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name  
**F. WILSON CARRAWAY, JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**233 RIO VISTA DRIVE**

City  
**SOPCHOPPY** **FL** Zip Code  
**32358**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *F. Wilson Carraway Jr* DATE **4-9-02**

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>2,000,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>CARRAWAY JR, F. WILSON</b>
STREET ADDRESS	<b>233 RIO VISTA DRIVE</b>
CITY-ST-ZIP	<b>SOPCHOPPY FL</b>
DOCUMENT #	
NAME	<b>KEMP, EMILY C</b>
STREET ADDRESS	<b>2132 GLENRIDGE DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>300005282683--8</b>
CITY-ST-ZIP	<b>-04/16/02--01060--009</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	<b>ALT</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *F. Wilson Carraway Jr* **33/02** **982-26-26**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #